CALIFORNIA ACUPUNCTURE BOARD

1424 Howe Avenue, Suite 37, Sacramento, CA 95825-3233 Phone: (800) 952-5210 / (916) 263-2680 / Fax: (916) 263-2654 E-mail: acupuncture@dca.ca.gov Web: www.acupuncture.ca.gov

□ Copy of Court Order



NOTIFICATION OF NAME CHANGE and APPLICATION FOR REPLACEMENT LICENSE

The Acupuncture Board may recognize a name change by a licensee if that name is now their adopted

name for all purposes and if the change is not made for fraudulent purposes.

SECTION I. NAME CHANGE AFFIDAVIT I, _____ hereby certify that I am currently licensed to practice acupuncture in the State of California and I am the holder of License Number AC _____. Name originally issued under: (First) (Middle) (Last) Name changed to: (Last) (First) **Legal justification:** (check one) ■ Naturalization ☐ Court Order ■ Marriage ☐ Dissolution of Marriage ☐ Other (Specify) I declare under penalty of perjury under the laws of the State of California, that the foregoing is try and correct. This declaration is executed on this day of Signature Copies of the following appropriate documents, *must be submitted* with this form: □ Marriage Certificate or Final Dissolution Decree □ Notarized Statement Attesting to the Fact of Name Change due to Naturalization or **Other Reason**

You may apply for a replacement wall license and/or pocket license, which will reflect your name change by completing Section II on the reverse side of this form and returning it with the required documents and fee.

SECTION II. APPLICATION FOR REPLACEMENT LICENSE

☐ I request the issuance of a replacement wall license. Fee is \$15.00 (original wall license <i>must be returned</i> with this application)
☐ I request the issuance of a replacement pocket license. Fee is \$10.00
Business & Professions Code Section: 4961. Display of License An acupuncturist shall post their license in a conspicuous location in their place of practice at all times.
If an acupuncturist has more than one place of business, they shall obtain from the board a duplicate wall license for each additional location and post the duplicate license at each location.
Please mail replacement license(s) to: